

# EXERCISE IS MEDICINE®

## Health Fitness Professional Designation Application Form COURSE AND EXAM EXEMPTIONS ONLY



This form is for those applying for an exemption to the Exercise is Medicine Designation course and examination. The credential has three levels, each level corresponds to an increasing risk and complexity of the patient population being served.

- **Level One Exemption:** In order to qualify for the Level One exemption, you must have earned a minimum of a bachelor's degree in exercise science/exercise physiology/kinesiology AND hold an NCCA or ANSI/ISO 17024 accredited certification.
- **Level Two Exemption:** In order to qualify for the Level Two exemption, you must have earned a minimum of a bachelor's degree in exercise science/exercise physiology/kinesiology AND be currently certified in one of the following: ACSM EP-C, ACSM CEP, ACSM RCEP, OR ACE Medical Exercise Specialist.
- **Level Three Exemption:** In order to qualify for Level Three exemption, you must have earned a minimum of:
  - An exercise science-based master's degree  
OR
  - Exercise science-based bachelor's degree plus 4,000 hours of experience in a clinical exercise setting  
AND
  - Be currently certified in one of the following: ACSM CEP or ACSM RCEP.

Note: The Level Three credential is only available to those who hold a current ACSM CEP or ACSM RCEP certification.

For comprehensive credential qualification information: <http://certification.acsm.org/exercise-is-medicine-credential>.

I. APPLICANT INFORMATION			ACSM ID:	
First Name:	M.I.	Last Name:		
Address Line 1:				
Address Line 2:				
City:	State:	Postal Code:	Country:	
Email Address:		Phone:		
II. EXEMPTION QUALIFICATION INFORMATION				
I am applying for credential level: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three				
My qualifying NCCA accredited certification is with:				
Title of Certification:		Certification Number:		
Date First Certified:		Certification Expiration Date:		
University Where Degree Earned:	Exercise Science Degree(s): <input type="checkbox"/> BS/BA <input type="checkbox"/> MS/MA <input type="checkbox"/> PhD		Year Earned:	
Name of Degree, Major, Specialization/Emphasis:				

**III. ONLY FOR THOSE WITH A BACHELOR'S DEGREE (OR HIGHER) AND ACSM CEP OR ACSM RCEP APPLYING FOR LEVEL THREE (PLEASE SUBMIT ON A SEPARATE DOCUMENT IF NECESSARY)**

Type of Facility or Program:

Job Title/Role:

Total Hours Accrued:

Dates of Experience:

Supervisor Name:

Supervisor Title:

Supervisor Contact Information (email & phone number):

Additional Information:

**IV. PAYMENT INFORMATION**

- Application Fee is \$25
- Payment options:
  - Enclose a check/money order payable to ACSM (ACSM Fed ID# 23-6390952). All payments must be in U.S. dollars (\$25 fee for returned checks).
  - Charge \$25 application fee to:  MasterCard®  Visa®  Discover®  American Express®

Card Number:

Expiration Date:

Security Code:

\_\_\_\_\_  
Signature authorizes ACSM to charge credit card for \$25

- Mail or fax this application to:

**ACSM National Center  
Certification Department 6022  
Carol Stream, IL 60122-6022**

**Fax: (317) 634-7817**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

I, by the signature affixed above, understand that continued CPR certification is a necessary component for, and requirement for, valid ACSM certification; and I confirm that I have met all of the minimum requirements for this level of credential and will provide proof if necessary. I have completed the application to the best of my knowledge and the information is accurate and true.